

# Food Establishment Inspection Report

## Form A



Business Name:				Operator:				Page      of			
Address				City		ZIP		Seats / Checkouts		Phone: (      )	
General Health Record ID				P/E		Date		Time In		Office Time	
PR <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>				<table border="1" style="display: inline-table; width: 50px; height: 20px;"></table>		<table border="1" style="display: inline-table; width: 50px; height: 20px;"></table>		: m		: m	
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Red High Risk Factors											
<p><b>High Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury.</b>  Circles indicate compliance status (IN, OUT, N/O, N/A) for each item.  IN = in compliance    OUT = not in compliance    N/O = not observed    N/A = not applicable    CDI = corrected during inspection    R = repeat violation</p>											
Compliance Status					CDI	R	PTS	Compliance Status			
Demonstration of Knowledge					Potentially Hazardous Food Time/Temperature						
0100	IN OUT	PIC certified by accredited program, or compliance with Code, or correct answers	<input type="checkbox"/>	<input type="checkbox"/>	5	1600	IN OUT N/A N/O	Proper cooling procedures	<input type="checkbox"/>	<input type="checkbox"/>	30
0200	IN OUT	Food Worker Cards current for all food workers; new food workers trained	<input type="checkbox"/>	<input type="checkbox"/>	5	1700	IN OUT N/A N/O	Proper hot holding temperatures (<130°F)	<input type="checkbox"/>	<input type="checkbox"/>	25
Employee Health						Consumer Advisory					
0300	IN OUT	Proper ill worker practices; no ill workers present; proper reporting of illness	<input type="checkbox"/>	<input type="checkbox"/>	25	2300	IN OUT N/A	Proper Consumer Advisory posted for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>	5
Preventing Contamination by Hands						Highly Susceptible Populations					
0400	IN OUT	N/O Hands washed as required	<input type="checkbox"/>	<input type="checkbox"/>	15	2400	IN OUT N/A	Pasteurized foods used as required; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	10
0500	IN OUT N/A N/O	Proper methods used to prevent bare hand contact with RTE foods	<input type="checkbox"/>	<input type="checkbox"/>	15	Chemical					
0600	IN OUT	Adequate handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	10	2500	IN OUT	Toxic substances properly identified, stored, used	<input type="checkbox"/>	<input type="checkbox"/>	10
Approved Source, Wholesome, Not Adulterated						Conformance with Approved Procedures					
0700	IN OUT	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15	2600	IN OUT N/A	Compliance with risk control plans, variances, or mobile unit plan of operation	<input type="checkbox"/>	<input type="checkbox"/>	10
0800	IN OUT	Water supply, ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	15	2700	IN OUT N/A	Variance obtained for specialized processing methods (e.g., ROP)	<input type="checkbox"/>	<input type="checkbox"/>	10
0900	IN OUT N/A N/O	Proper washing of fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	10	Protection from Cross Contamination					
1000	IN OUT	Food in good condition, safe and unadulterated; approved additives	<input type="checkbox"/>	<input type="checkbox"/>	10	1300	IN OUT N/A	Food contact surfaces used for raw meat thoroughly cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	15
1100	IN OUT	Proper disposition of returned, previously served, unsafe, or contaminated food	<input type="checkbox"/>	<input type="checkbox"/>	10	1400	IN OUT N/A	Raw meats below or away from RTE food	<input type="checkbox"/>	<input type="checkbox"/>	5
1200	IN OUT N/A N/O	Proper shellstock identification; proper parasite destruction procedures for fish	<input type="checkbox"/>	<input type="checkbox"/>	5	1500	IN OUT N/A N/O	Proper handling of pooled eggs	<input type="checkbox"/>	<input type="checkbox"/>	5

Blue Low Risk Factors										
<p><b>Low Risk Factors are preventive measures to control the addition of pathogens, chemicals, and physical objects into foods.</b>  Circled points indicate items not in compliance.</p>										
Compliance Status					CDI	R	PTS	Compliance Status		
Food Temperature Control					Utensils and Equipment					
2800	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	5	4000	Food and non-food surfaces properly used and constructed; cleanable	<input type="checkbox"/>	<input type="checkbox"/>	5	
2900	Adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	5	4100	Warewashing facilities properly installed, maintained, used; test strips available and used	<input type="checkbox"/>	<input type="checkbox"/>	5	
3000	Proper thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	3	4200	Food – contact surfaces maintained, cleaned, sanitized	<input type="checkbox"/>	<input type="checkbox"/>	5	
Food Identification					Physical Facilities					
3100	Proper labeling, signage	<input type="checkbox"/>	<input type="checkbox"/>	5	4300	Non-food – contact surfaces maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>	3	
Protection from Contamination					Proper Use of Utensils					
3200	Insects, rodents, animals not present; entrance controlled	<input type="checkbox"/>	<input type="checkbox"/>	5	3700	In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	3	
3300	Potential food contamination prevented during preparation, storage, display	<input type="checkbox"/>	<input type="checkbox"/>	5	3800	Utensils, equipment, linens properly stored, used, handled	<input type="checkbox"/>	<input type="checkbox"/>	3	
3400	Wiping cloths properly used, stored	<input type="checkbox"/>	<input type="checkbox"/>	5	3900	Single-use and single-service articles properly stored, used	<input type="checkbox"/>	<input type="checkbox"/>	3	
3500	Employee cleanliness and hygiene	<input type="checkbox"/>	<input type="checkbox"/>	3						
3600	Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	3						

<b>Service</b>	
128	<input type="checkbox"/> Scheduled
129	<input type="checkbox"/> Return
126	<input type="checkbox"/> Fld PI Rvw
130	<input type="checkbox"/> Complaint
133	<input type="checkbox"/> Illness / Inj.
134	<input type="checkbox"/> Permit Inv.
136	<input type="checkbox"/> Field Educ.
127	<input type="checkbox"/> Pre-Operat.
106	<input type="checkbox"/> HACCP
<input type="checkbox"/>	
<b>Results</b>	
01	<input type="checkbox"/> Satisfact
02	<input type="checkbox"/> Unsatisfact.
03	<input type="checkbox"/> Complete
04	<input type="checkbox"/> Incomplete
<input type="checkbox"/>	
<b>Action</b>	
04	<input type="checkbox"/> Suspend
07	<input type="checkbox"/> Approved
10	<input type="checkbox"/> Disapprv'd
26	<input type="checkbox"/> Fol/up Rq'd
<input type="checkbox"/>	
<b>Trans Fat</b>	
7120	<input type="checkbox"/> Early 09
7130	<input type="checkbox"/> May 2008
7150	<input type="checkbox"/> Documnts
<b>Nutrition Labeling</b>	
7200	<input type="checkbox"/> Applies
7210	<input type="checkbox"/> Violation

Red Critical Points
Blue Points
<b>Total Points</b>

Person in Charge (Printed Name)	(Signature)
Regulatory Authority (Printed Name)	(Signature)